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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 31	
County <u>Cochise</u>	District <u>Superior</u>	County Registered No. <u>554</u>	Local Registrar's No. <u>31</u>
TOWN <u>Douglas</u>			
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Cochise County Hospital</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>John Charles Craddock</u> <sup>some times</sup> <u>known as John C. Tyler</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian <u>Black</u> Chinese <u>Mexican</u>	DATE OF DEATH <u>December 28th</u> 1921 (Month) (Day) (Year)	
SINGLE <u>Married</u> MARRIED WIDOWED or DIVORCED		I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia (Lobar)</u>	
DATE OF BIRTH <u>Not definitely known</u> 191 (Month) (Day) (Year)		(Duration) yrs. mos. days	
AGE <u>63</u> yrs. mos. days If less than 1 day hrs. or min.		Was disease contracted in Arizona? <u>No</u>	
OCCUPATION <u>Restaurant Employee</u> (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employee) <u>Joe Hall Cafe</u>		If not, where? <u>England</u>	
BIRTHPLACE (State or country) <u>England</u>		CONTRIBUTORY <u>Yes</u> (Duration) yrs. mos. days	
NAME OF FATHER <u>Not known</u>		(Signed) <u>W. C. Craddock</u> 12/28/1921 (Address) <u>Douglas</u>	
BIRTHPLACE OF FATHER (State or country) <u>Not known</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>Not known</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>		At place of death yrs. mos. ds. In Arizona // yrs. mos. ds.	
The Above Is True to the Best of My Knowledge		Former or Usual Residence <u>New York England</u>	
(Informant) <u>J. C. Craddock</u>		Filed <u>1/7</u> 1922	
(Address) <u>Plan. New York</u>		Local Registrar. <u>W. C. Craddock</u>	
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		DATE OF BURIAL OR REMOVAL <u>Jan 8th</u> 1922	
UNDER-TAKER <u>Ed. Roeder</u>		Address <u>Douglas</u>	
		Filed <u>2/8</u> 1922	
		County Registrar. <u>W. C. Craddock</u>	